

## DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **26825**  
Registrar's No. **6617**Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County. \_\_\_\_\_  
 (b) City or town. **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **1 Mo. 13 Days**  
 (Specify whether  
 In this community years, months or days) **0**

3. (a) PRINT FULL NAME **Ella Berkthold**

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
 6. (b) Name of husband or wife. **JOHN BERKTOLD** 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
 7. Birth date of deceased. **DEC. 27, 1876**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**65 7 5** hr. min.

9. Birthplace. **ST. LOUIS MO. 0**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name. **GEORGE UHLENBROCK**  
 13. Birthplace. **EUROPE**  
 14. Maiden name. **ELEN MULQUEEN** (State or foreign country)  
 15. Birthplace. **VIRGINIA**  
 (City, town, or county) (State or foreign country)

16. (a) Informant. **FRANK UHLENBROCK**  
 (b) Address. **3830 A. MAFFITT AVE.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof. **8-14-41**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation. **CALVARY CEMETERY**

18. (a) Signature of funeral director. **Arthur J. Donnelly**  
 (b) Address. **3840 LINDELL BLVD.**

19. (a) **AUG 13 1941** (b) **J. J. Donnelly**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County. **000**  
 (c) City or town. **ST. LOUIS** (If outside city or town limits, write "RURAL") **117**  
 (d) Street No. **3830 A. MAFFITT AVE.** (If rural, give location) **9**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country. **0**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12,**  
 year **1941** hour **9:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **June 30,** 19 **41** to **August 12,** 19 **41**,  
 that I last saw h. **or** alive on **August 12,** 19 **41**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of palate** Duration \_\_\_\_\_

Due to. \_\_\_\_\_

Due to. \_\_\_\_\_

Other conditions. \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Joseph E. Von Gienel** (M. D. or other) **0**  
 Address **515 Lafayette Avenue** Date signed **8/12/41**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Stanley Marshall*

Licensed Embalmer No.....

*2868*

P. O. Address.....

*3840 Lincoln*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**